

## Verification of Graduation Form Respiratory Care Practitioner Program

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This section to be completed by the applicant.

Please complete this form, attach a picture of yourself and mail to the school from which you received your degree as a respiratory care practitioner. This completed form must be received by the South Dakota Board of Medical and Osteopathic Examiners before a South Dakota license is issued.

To: Dean, Respiratory Care Program

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The South Dakota State Board of Medical and Osteopathic Examiners requires that all applicants for licensure must provide verification of graduation from an approved respiratory care practitioner program and identification of a picture before a license can be issued. Please complete this form and mail it to the following address:

South Dakota Board of Medical & Osteopathic Examiners  
125-South-Main-Ave.  
Sioux Falls, South Dakota 57104

Applicant's Name \_\_\_\_\_

Address: \_\_\_\_\_

(PICTURE)

Year of Graduation: \_\_\_\_\_

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This section to be completed by the School of Graduation and returned directly to the South Dakota State Board of Medical and Osteopathic Examiners at the above address.

Name of School \_\_\_\_\_

Address of School \_\_\_\_\_  
\_\_\_\_\_

Name of Graduate: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

I hereby certify the attached picture is a likeness of \_\_\_\_\_  
and he/she graduated from \_\_\_\_\_  
on \_\_\_\_\_

(SEAL)

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_